

Wm Ashby X

Town

County

MARYLAND

Died at

Corrattin

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Jun 1943

Age

*93 - 4**MD**Farmer*

Male

White

Married

*Widow**Divorced**Female**Colored**Single**Widower*

Number of children living

10

Husband

of

Wife

Kellen M Thayer

Father's

Name

Wm W Ashby

Mother's

Maiden Name

Wilson

Cause of

Primary

old age

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas A Ashby

Address

Corrattin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

John Bender

Town

County

Died at

New Market, Garrett

MARYLAND

Date 19

02 June 7

Age

47

Male

White

Married

~~Widow~~~~Divorced~~

Occupation

Farmer

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Nine

Husband

of

Wife

Father's

Name

Wm Bender

Mother's

Maiden Name

Cause of

Primary

Sarcoma

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

R.A. Bauman
Accident Fund

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUPEAU, 78898



Name in Full

Certificate of Death

Name in Full John Bender X
 Died at Ind ^C Henry ^{Month} July ^{Day} 7 ^{Y.} 1902 ^{M.} 46 ^{D.} 40 ^{Native of} Somerset ^{Occupation} Labourer MARYLAND
 Date 1902 July 7 Age 46 Married Widow Divorced Widower Number of children living 7
 Male White Colored Single Married Widow Widower
 Husband of _____
 Wife _____
 Father's Name _____ Mother's Maiden Name 40
 Cause of Death { Primary Cancer of Stomach Immediate Inflammation } How long sick 2 Wks.
 Reported by D. D. [unclear] M 10
 Address Oakland Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Glenn Sylvester Crosser

Town

County

Died at

*Redhouse**Garret Co*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 13

Age

*11 20**Maryland*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

J. Gilbert Selby
Egdon W. Wal

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Franklin Oysell

Town

County

MARYLAND

Died at

McHenry Garrett

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

June 1

Age

33 9 29

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Farmer

Husband

of

Wife

Father's

Name

Frank Oysell

Mother's

Maiden Name

Elizabeth Luter

Cause of

Primary

Typhoid fever

How long sick

4 months

Death

Immediate

Hepatitis

Accident, Suicide, Homicide

Reported by

R. A. Ravenscroft

Address

Accident

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rush *X*

Town *Berensville* County *Garrett* MARYLAND

Died at *Berensville* *Garrett*

Date 19*02* *June* *12* Age *1* Native of *MD* Occupation *None*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒ *None*

Female ☐ Colored ☐ Single ☐ ~~Widow~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Simon Rush*Mother's Maiden Name *Gertrude Wiley*

Cause of Death { Primary *Premature birth* How long sick *1 day*

Death { Immediate *Unknown* ~~Accident, Suicide, Homicide~~

Reported by *H. L. Levane*Address *Grantsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James W. Savage
 Town King County Garrett MARYLAND

Died at
 Date 1902 Month 6 Day 26 Age 48-3-3 Y. M. D. Native of Ind Occupation Farmer
 Male White Married ~~Widow~~ Divorced
 Female Colored Single ~~Widow~~ Number of children living 12

Husband of Fannie Detrick
 Father's Name Ezra Mother's Name Mariah Benson
 Maiden Name

Cause of Death { Primary Cardiac droopy How long sick 6 mo
 Immediate // // Accident, Suicide, Homicide

Reported by A. J. Masvin Ind
 Address Friendsville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

